Major Donor and	•		WAJOR DONOR	COMMITTEE	STATEMENT
Independent Expenditure Com Campaign Statement (Government Code Sections 84200-84216.5)	or print in ink.	Date Stamp	CALIFORNIA FORM	461	
	Statement covers period	Date of election if applicable:		1/2	
Amendment	from01/01/2005	(Month, Day,Year)		For Official Use Only	
SEE INSTRUCTIONS ON REVERSE	through08/31/2005	.			
1. Name and Address Of Filer		3. Summary		-	
NAME OF FILER (Include name(s) of all affiliated entities whose cor DEAN KOONTZ	,	(Amounts may be rounded to whom to the continuous series of the continu	ributions 00 or more		106987.39
MAILING ADDRESS	(NO. AND STREET)	made this period. (Part		\$ —	100901.39
CITY	STATE ZIP CODE	2. Unitemized expenditur contributions (including \$100 made this period	g loans) under	\$ —	0.00
NEWPORT BEACH RESPONSIBLE OFFICER (If filer is other than an individual)	CA 92657 AREA CODE/DAYTIME PHONE	3. Total expenditures and made this period. (Add	Lines 1 + 2.)	SUBTOTAL \$ —	106987.39
Dean Koontz		4. Total expenditures and			
2. Nature and Interests of Filer (C A FILER THAT IS AN INDIVIDUAL MUST LIST THE OF EMPLOYER OR, IF SELF-EMPLOYED, THE NA		made from prior staten amount from Line 5 of filed. If this is the first	last statement statement for		0.00
NAME OF EMPLOYER/BUSINESS	BUSINESS INTERESTS	the calendar year, ente		\$ 	0.00
Dean Koontz	Author	5. Total expenditures and (including loans) made			
ADDRESS OF EMPLOYER/BUSINESS	00000	January 1 of the currer (Add Lines 3 + 4.)	nt calendar year.	TOTAL \$	106987.39
Newport Beach Ca ☐ A FILER THAT IS A BUSINESS ENTITY MUST DES	92660 CRIBE THE BUSINESS ACTIVITY IN WHICH IT IS	4 1/4 1/4			
ENGAGED A FILER THAT IS AN ASSOCIATION MUST PROVI		4. Verification I have used all reasonable reviewed the statement ar contained herein is true ar the laws of the State of Ca	nd to the best of my kr nd complete. I certify	nowledge the inform under penalty of pe	nation erjury under
A FILER THAT IS NOT AN INDIVIDUAL, BUSINESS COMMON ECONOMIC INTEREST OF THE GROUP		Executed on	SI	NTZ GNATURE OF INDIVIDUAL DO BLE OFFICER IF OTHER THAN	

Major Donor and Independent Expenditure Committee Campaign Statement

Type or print in ink.
Amounts may be rounded to whole dollars.

INDEPENDENT EXPENDITURE COMMITTEE AN	I
MAJOR DONOR COMMITTEE STATEMEN	lΤ

Statement covers period		CALIFORNIA	161
from	01/01/2005	FORM	461
through	08/31/2005	2/2	
Jugii			

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

DEAN KOONTZ

(If more space is needed, use additional copies of this page for continuation sheets.)

DATE	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TYPE OF PAYMENT	DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN)	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT RELATIVE TO THIS CANDIDATE, MEASURE, OR COMMITTEE
08/26/2005	Arnold Schwarzenegger ID: Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure	Catered Dinner Party for 123 people for the purpose of fund raising	Arnold Schwarzenegger Governor Statewide NO: X Support Oppose	106987.39	\$ Calendar Year \$ 106987.39 Other \$ 0.00

SUBTOTAL \$ 106987.39